

Do Not Fax

Vermont Emergency Medical Services
108 Cherry St., Box 70
Burlington, VT 05402
802-863-7310 or 800-244-0911

Do Not Fax

District # _____

FR-ECA to EMT-B Module Course Approval Form

Course Coordinator

Name _____

Address _____

City/State _____

Phone (w) _____ (h) _____

Course Medical Director

Name _____

Address _____

City/State _____

Phone (w) _____ (h) _____

Course Logistics

Complete Schedule on reverse side of this form

Module(s) _____ Location _____ Town _____

Start Date _____ End Date _____ Estimated # Students _____

Student Fee _____ Does fee include the cost of the textbook? Yes No

Textbook (Title, Author, Edition) _____

Source(s) of Equipment _____

Student Prerequisites _____

Attendance and Make-up Policies _____

Local Commitment and Approval

I agree to conduct this course in accordance with the laws, rules and policies of Vermont EMS. I also agree to assist in maintaining the security of the written examination. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Signature Course Coordinator _____ Date _____

The EMS District Board has approved this course

Signature District Chairperson _____ Date _____

For EMS Office Use Only

Date Received _____ Approved _____ Disapproved _____

VT EMS Signature _____ Course Number _____

Comments _____

Please fill in dates for scheduled lesson delivery

Module 1- *No module prerequisites* (Estimated 6-9 hrs)

- Introduction _____
- Well Being of the EMT _____
- Medical/Legal/Ethical issues _____
- Cardiovascular Emergencies (AED but not nitroglycerine) _____

Module 2- *No module prerequisites* (Estimated 12 hrs)

- The Human Body _____
- Lifting and moving patients _____
- Baseline Vital Signs and Sample History _____
- Airway Management and Oxygen Administration _____

Module 3- *Module 1 Completion Required* (Estimated 21-24 hrs)

- Scene Size Up _____
- Initial Assessment _____
- Focused History and Physical Exam – Trauma _____
- Focused History and Physical Exam – Medical _____
- Detailed Physical Exam _____
- On-going Assessment _____
- Documentation and Communications _____

Module 4- *Modules 1-3 Completion Required* (Estimated 12-15 hrs)

- Bleeding and Shock _____
- Soft Tissue Injuries _____
- Musculoskeletal Care _____
- Head and Spine Injuries _____

Module 5- *Modules 1-3 Completion Required* (Estimated 21-24 hrs)

- General Pharmacology _____
- Respiratory Emergencies (less inhalers) _____
- Diabetes and Altered Mental Status _____
- Allergies (less Epi-pens) _____
- Poisoning and Overdoses _____
- Environmental Emergencies _____
- Behavioral Emergencies _____
- OB/Gyn _____

Module 6- *Modules 1-5 Completion Required* (Estimated 15-18 hrs)

- Pediatrics _____
- Ambulance Operations _____
- Gaining Access _____
- Specific Pharmacology _____
- Overviews _____